

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90017 002 ****61.25

0068435

DOCUMENT # 701371

1. Corporation Name

THE LOUIE R. AND GERTRUDE MORGAN FOUNDATION, INC

522134 - 90017 - 4

Principal Place of Business

218 SOUTH POLK AVENUE
ARCADIA FL 33821

Mailing Address

218 SOUTH POLK AVENUE
ARCADIA FL 33821



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/29/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-6142359

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMERALL, JR., ROBERT L.
218 SOUTH POLK AVE.
ARCADIA FL 33821

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MIXON, BOBBY C
STREET ADDRESS 1500 SE REYNOLDS ST
CITY-ST-ZIP ARCADIA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME WIERICHS, JAMES R.
STREET ADDRESS 3664 TARO PLACE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BELLAMY, GEORGE E
STREET ADDRESS 21 RIO VISTA RD
CITY-ST-ZIP ARCADIA, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME SUMMERALL, ROBERT L JR
STREET ADDRESS 2418 SE AIRPORT RD
CITY-ST-ZIP ARCADIA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Summerall* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-99 941-464-1551

CR2E037 (1/198)